

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/10/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJR000018101

INSTALLATION NAME

QUALITY FABRICARE INC

INSTALLATION ADDRESS

855 INDUSTRIAL HWY UNIT 3 OFF BANNARD ST CINNAMINSON, NJ 08077

MAILING ADDRESS

855 INDUSTRIAL HWY UNIT 3 OFF BANNARD ST CINNAMINSON, NJ 08077

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: JACK HOYT Tel: (212) 637-4106

Fax: (212) 637-4949

TO: QUALITY FABRICARE INC

or Current Occupant

ATTN: CURTIS BAKER - OWNER 855 INDUSTRIAL HWY UNIT 3

OFF BANNARD ST

CINNAMINSON, NJ 08077

Form Approved. OMB No. 2050-0034 Expires 12/31/02 GSA No. 0248-EPA-QT

Picase refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

the Resource Conservation and Recovery Act). United States Envir	ronmental Protec	tion Agend	cy d	Phones "17/1:4
I. Installation's EPA ID Number (Mark 'X' in the appropriate box	()		CONTRACTOR OF THE PROPERTY OF	A MARINE CONTRACTOR OF THE PARTY OF THE PART
A. Initial Notification B. Subsequent Notification	OF ST	C. In	stallation's EPA	ID Number
(Complete item C)	12	23	6980	7 / /
II. Name of Installation (Include company and specific site name	ne) N	JR	0000	18101
QUALITY FABRIC	ARE	IN		18101
III. Location of Installation (Physical address not P.O. Box or F	Route Number)	4		
Street	and the state of the			
855 INDUSTRIAL	14 4010	111	NIT	
Street (Continued)	1011019	1 14	10117	3
City or Town		State	7:- 0- 1	
CINNAMINSON		NJ	Zip Code	
County Code County Name		1,010	0807	/ / / -
BURLINGTON		1		
IV. Installation Mailing Address (See instructions)		Charles of the last of the las		
Street or P.O. Box			<u> </u>	
same	T i	-		
City or Town		State	Zip Code	
		Otate	Zip Code	
V. Installation Contact (Person to be contacted regarding was	te activities et e			
Name (Last)	(First)	site)	A	
BAKER	CUR	7 5	0	1 1 1 1 1 1 1
Job Title			Code and Numb	l i bei
VICE PRESIDENT	856	- 7	8 6 - O	er) Extension
VI. Installation Contact Address (See instructions)	Fax Numb	er	0 6 - 0	141
A. Contact Address Location Mailing B. Street or P.O. Box		-		
X				
City or Town		State	Zip Code	
		Otate	Zip Code	
VII. Ownership (See instructions)		-		
A Name of Land				
A. Name of Installation's Legal Owner	ASSESSED ASSESSED TO THE	CARALLE STEE		
A. Name of Installation's Legal Owner CURT BAKER TIM R	AVE	0	1 124 1	
	AKE	R1, 1	WHIT	ESELL
CURTBAKER JIMB Street, P.O. Box, or Route Number 855 INDUSTRIAL #		R ,	WHITERP	ESELL
CURTBAKER JIMB	wy.	UN.	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	TESELL ZPRISES 3 Date Changed Month Day Year
CURTBAKER JIMB Street, P.O. Box, or Route Number 855 INDUSTRIAL #	wy.	UN State	Zip Code	ESELL
CURT BAKER JIM B Street, P.O. Box, or Route Number 855 INDUSTRIAL # City or Town CINNAMINSON Phone Number (Area Code and Number) B. Land Typ	wy.	State NJ	Zip Code	Date Changed
CURTBAKER JIMB Street, P.O. Box, or Route Number 855 INDUSTRIAL # City or Town CINNAMINSON	wy.	State NJ	Zip Code	Date Changed

Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., PLEASE REPLY TO: New York, NY 10007-1866 Phone: (212)637-4106

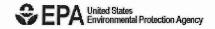
addies verified Byusto

	******	·		ID - For Of	ficial Use Only
VIII. Type of Regulated	Waste Activity (Mark 'x	" in the appropriate have	ran Defense		
	A. Hazardous Waste	A meliulal	es. Refer to In:	structions)	Charles Annual Control of the Contro
		Activities		C. Used O	il Management Activitie
1. Generator (See Ins a. Greater than 100 b. 100 to 1000 kg/m c. Less than 100 kg 2. Transporter (Indica 1-5 below) a. For own waste or b. For commercial p Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other • specify	0kg/mo (2,200 lbs.) to (220-2,200 lbs.) timo (220 lbs) ate Mode in boxes only burposes	 Treater, Storer, installation) Note required for this instructions. Exempt Boiler and Furnace Smelting, Meltin ing Furnace Exe Small Quantity C Exemption Underground Injections 	e: A permit is activity, see d/or Industrial ag, and Refin- emption On-Site Burner	Facili Activi Activi a. Tra b. Tra 2. Used Indica a. Pro b. Re- 3. Off-Sp 4. Used a. Mar of Co Use b. Mar Use	Oil Transporter/Transfer ty - Indicate Type(s) of ty(ies) nsporter nsfer Facility Oil Processor/Re-refiner te Type(s) of Activity(ies) cessor refiner lecification Used Oil Burn Oil Fuel Marketer keter Who Directs Shipm ff-Specification Used Oil d Oil Burner keter Who First Claims the collications
	B. Universal Waste	Activity		1	
☐ Large Quantity Handl					
IX. Description of Hazar A. Listed Hazardous Wa	dous Wastes (Use addit	ional sheets if necessa	ry)	A. Carrie	Description of the Control of the Co
0 0 2	2 F.O.O. b	3	4	5	6
B. Characteristics of No	2 F 0 0 h 8 nlisted Hazardous Was	9	10	5 11	6
B. Characteristics of No nonlisted hazardous wa to list more than 4 toxic	ny characteristic waste co	des.)	10 	11 ding to the chara	12 cteristics of sif you need
Ignitable 2. Corrosive 3. Res (D001) (D002) (D	active 4.Toxicity (Clist s October 100 (Clist s Characteristic	pecific EPA hazardous was	10 Division of the state of th	11 ding to the characters: See instructions: the Toxicity Characters	12 cteristics of sif you need pristic contaminant(s))
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Ignitable 2. Corrosive 3. Res	(List sactive 4.Toxicity 003) Characteristic	pecific EPA hazardous was	10 Division of the state of th	11 ding to the characters: See instructions: the Toxicity Characters	12 cteristics of sif you need pristic contaminant(s))
Ignitable 2. Corrosive 3. Res (D001) (D002) (D	active 4.Toxicity (Clist s October 100 (Clist s Characteristic	pecific EPA hazardous was	10 Division of the state of th	11 ding to the characters: See instructions: the Toxicity Characters	12 cteristics of sif you need pristic contaminant(s))
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Ignitable 2. Corrosive 3. Rei (D001) (D002) (D) C. Other Wastes. (State-r	that this document and all that qualified personnel manage the system, or the knowledge and belief, including the possibility	pecific EPA hazardous was 1 requiring a handler to hat attachments were prepared by gather and evaluations on the persons directly returned accurate, and como of fine and imprisonments.	10 Doxes correspon 22 Ste number(s) for 12 The area an I.D. num 4	ding to the characters: See instruction: 3 The Toxicity Characters: See instruction or superviation or superviation submitted. Athering the information submitted athering the information submitted athering the information submitted.	teristics of sif you need sinstic contaminant(s)) 4 ions.) 6 sion in accordance with Based on my inquiry of mation, the information significant penalties for
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Ignitable 2. Corrosive 3. Rei (D001) (D002) (D) C. Other Wastes. (State-1 C. Certification Certify under penalty of law a system designed to assure the person or persons who is submitted in	that this document and all that qualified personnel manage the system, or the knowledge and belief, including the possibility	pecific EPA hazardous was 1 requiring a handler to hat attachments were prepared by gather and evaluations on the persons directly returned accurate, and como of fine and imprisonments.	10 Doxes correspon 22 Ste number(s) for 12 The area an I.D. num 4	ding to the characters: See instruction: 3 The Toxicity Characters: See instruction or superviation or superviation submitted. Athering the information submitted athering the information submitted athering the information submitted.	teristics of sif you need sinstic contaminant(s)) 4 ions.) 6 sion in accordance with Based on my inquiry of mation, the information significant penalties for
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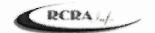
Mr. Hogt -Enclosed is the application you said we reeded to fill out for our charge in company name. There is no change in site location, and per our conversation on the phone last week, you concluded there would be no charge in EPA ID#. If you have any questions, please call Curt at (856) 786-0141.

> Thank you! -Karen Baker

P.S.- Current account under Baken Bros. / CWB Corp. # NJR000018101



Handler Information



BAKER BROTHERS LAUNDRY

CINNAMINSON

NJR000018101

Select the information to process:

Basic Handler Information									
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes			
NJR000018101	BAKER BROTHERS LAUNDRY		X	02	NJ	CEG 🔻			

Previous Name Information						
Act Loc	Receive Date	Handler Name				

			Location Address I	nformation	***************************************			
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ	855	INDUSTRIAL HWY UNIT 3	CINNAMINSON	BURLINGTON	NJ	08077		CENTRAL

		Mailing Address Infe	ormation		
Act Loc	Street No.	Street	City	State	Zip
NJ	855	INDUSTRIAL HWY UNIT 3	CINNAMINSON	NJ	08077

	Contact Information							Add Contact		
Act Loc	Туре	Title	First Name	Last Name	Phone	Street	City	State	Zip	
NJ	N	OWNER	CURTIS	BAKER	609-786-7709	855 INDUSTRIAL HWY UNIT 3	CINNAMINSON	NJ	08077	

	Owner Information								Add Own		
Act Loc	Seq	Indicator	Туре	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip	
NJ	1	CO	Р		WHITE SELL	609-461-8400	PO BOX 367	BELLMAWR	NJ	08031	

	Operator Information							Add Operator		
Act Loc	Seq	Indicator	Туре	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaned Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NJ				3/17/1997					

NJR000018101

	Locati	Add/Update Latitude/Longitude	
Act Loc	Source	Latitude Measure	Longitude Measure
NJ			

			Environmental Priority Ranking Add EPR	
Act Loc	EPR Date	EPR Status	EPR Notes	

	Add SIC			
Act Loc	Seq	Source	Code	Primary

			Other Permit Information Add Other Permit	
Act Loc	Number	Type	Permit Description	

Activity Summary Information						Add Activity				
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NJ	N	1	3/12/1997	CESQG - R	-	1 - i	-	-		***************************************

Hazardous Waste Stream Information					Add Waste Stream		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Des	
NJ	<u>0001</u>	N	3/12/1997	0			

Go To ▼

URL: /Handler/HAND_info_main.asp



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/17/97

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000018101

FACILITY NAME -> BAKER BROTHERS LAUNDRY

MAILING ADDRESS -> 855 INDUSTRIAL HWY UNIT 3 OFF BANNARD ST CINNAMINSON, NJ 08077

INSTALLATION ADDRESS ->

855 INDUSTRIAL HWY UNIT 3 OFF BANNARD ST CINNAMINSON, NJ 08077

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY **NEW YORK, NEW YORK 10007-1866**

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS**

BAKER, CURTIS TO: OWNER BAKER BROTHERS LAUNDRY 855 INDUSTRIAL HWY UNIT 3 OFF BANNARD ST CINNAMINSON, NJ 08077

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation

EPA

Notification of Regulated Waste Activity

Date Received (For Official Use Onl

of the Resource Conservation and Recovery Act.		mental Protection Agency
L Installation's EPA ID Nu	mber (Mark X' in the appropriate box)	
A. First Notification		C. Installation's EPA ID Number
IL Name of Installation (In	clude company and specific site name)	
BakerBI	DITA ENSILAVADA	A STATE OF THE PARTY OF THE PAR
IIL Location of Installation	Requires Building Number or	Latitude and Longitude for processin
Street	D THE PROPERTY OF THE PARTY OF	Distribute and Longitude for processin
K55 LINE	LUR FRENI WILL	/
Street (Continued)	PIP TO THE THOUSE	Y P NITTIS
NAT ROBERT	187-11111	- 1 (Sept. 1980 3 198)
City of Town Bannard		State 770 Octo
CINNADI	1111111111	State Zip Code
County Name		
PILL	1 N/4 TOW	
IV. Installation Mailing Add		NICO PER PROPERTY AND
Street or P.O. Box		
1 1 1 1 4	h h h	TO VERY THE WAY TO SEE THE SECOND SEC
City or Town	7111111	
Ony of Town		State Zip Code
V. Installation Contact (Per	son to be contacted regarding waste activiti	ies at site)
Name (Last)	The state of the s	ist) CURTIS
Buker -		Clydtallili
Job Title	Phy	one Number (Area Code and Number)
OWNER		UB) 17861 177019 11
VI. Installation Contact Add		
A. Contract Address Location Mailing Other B. S	treet or P.O. Box	
		1.11.11.11.
City or Town		State Zip Code
VII. Ownership	Market Commission of the Commi	CONTRACTOR
	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
A. Name of Installation's Legs	I ()Wher	
A. Name of Installation's Legi	al Owner	
A. Name of Installation's Lega White Tells Street P.O. Box of Route Nu	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NhiTele	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NIDITE C Street, P.O. Box, of Route Nu Plan Box 34	mber	
Street, P.O. Box, of Route Nu	mber	State Zip Code
Nhites Street, P.O. Box, of Route Nu Plo: Box 36 City or Town BCLLMAN	7	State Zip Code
Street, P.O. Box, of Route Nu	7	State Zip Code

From: Jack Hoyt, AWMD, RPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel; (212) 637 4106

Generator (See instruction a. Greater than 1000kg/r b. 100 to 1000 kg/mo (2)	Hazardous Waste		•	B. Used Oil Re	ecycling Activities
a. Greater than 1000kg/r	ons)				
c. Less than 100 kg/mo Transporter (Indicate Modelow) a. For own waste only b. For commercial purpo Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	200-2,200 lbs.) (220 lbs) ide.in boxes 1-5	installation required for instructions 4. Hazardous a. General b. Other & c. Boiler a 1. Sm 1. Sm Indicate T Device(s) 2. Ind 3. Indicate T	Waste Fuel or Marketing to Burner	Oil to Off-Sp. D. Marketer Who Oil Meets the 2. Used Oil Burne Combustion De a. Utility Boiler b. Industrial Boil c. Industrial Fundation of Activity(ies) a. Transporter b. Transfer Fa	cts Shipment of Used ecification Burner of First Claims the Used of Specifications of Indicate Type(s) of
IX. Description of Hazardous					AND CONTRACTOR
A. Characteristics of Nonlisted hazardous wastes your ins	d Hazardous Wast	es. (Mark X' in t	he boxes corresponding	to the characteristics	of nonlisted
	3. Reactive 4. Too (D003) Ch: (See 40 CFR 261.	xicity aracteristic (Lists X 7 31 - 33; See ins. 3	pecific EPA hazardous waste n Do tructions if you need to list 4 10	st more than 12 wast	characteristic contaminant(s
X. Certification I certify under penalty of law that assure that qualified personnel pr those persons directly responsibl I am aware that there are signific	roperly gather and eval	iuate the information ormation, the informa nitting false informa	ation submitted. Based on my inquition submitted is, to the best of tion, including the possibility	uiry of the person or pers of my knowledge and beli	ef, true, accurate, and completer for knowing violations.
Signature earquat		Name and Of	ficial Title (Type or print)		3/10/97
XL Comments		and the second		are diletalis.	
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				•	

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 27, 2015 - 1:34 PM

Version 5.0

User Selection Criteria

Location:

New Jersey, all activities

Activity Location:

None Chosen

Handler ID:

NJR000018101

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 05/27/2015

Location County Code: None Chosen

Evaluation Type:

Location City:

Focus Area:

Location Zip Code:

Violation Type:

State District:

None Chosen

Sort Order:

Region, State, Handler Name

Display Code Descrip.: Yes Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated: June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups

Libraries:

none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 27, 2015 - 1:34 PM

Page 2

QUALITY FABRICARE INC		County	Name / Code: BURLI	NGTON / NJ005		NJR0000181
Location: 855 INDUSTRIAL HWY U	INIT 3; OFF BANNARD ST; CINNAI	MINSON, NJ 08077	REGION 02			
Mailing: 855 INDUSTRIAL HWY U	INIT 3; OFF BANNARD ST; CINNAI	MINSON, NJ 08077			*	
Activity Location: NJ	State District: SOUTHERN	Accessibility:	Nor	n-Notifier:	Extract Flag	g: Y Active Site: \
Generator: CEG Short-Term Gen: N	Transporter: N Transfer Facility: N	Operating TSDF: Offsite Receiver:	N	IC In Place: HSM:	N N	El Indicator (HE / GW)N / N Subpart K:
Full Enforcement: CA Wrkld: N Active State Gen: N	Converter: State TSDF:	State Unaddresse State Addressed S State SNC w/Com	SNC: N	EPA Unaddressed SNC: EPA Addressed SNC: EPA SNC w/Comp Sche	N	
Evaluations With No Violations:						THE MANAGEMENT AND
CEI Evaluation 09/21/2010 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C	Person: COTC : NO Day Zero:	Branch: S 09/21/2010	Found Violation: NO Focus Area:
CEI Evaluation 02/08/2005 Citizen Complaint: NO	Activity Location: NJ Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C	Person: SOANM: NO Day Zero:	Branch: S	Found Violation: NO Focus Area:
Total Number of Handlers:	1					

^{*} End of Report *

Total Number of Activity Locations:

^{*} Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

Report run on: May 27, 2015 - 1:34 PM

Universes **Description of Universes** Generator Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N). Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe). Transporter **Operating TSDF** Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) IC in Place Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe). El Indicator (HE / GW) Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) Short-Term Gen Indicates that the facility is a short term or one time event generator and not generating from ongoing processes. Transfer Facility Indicates that the facility transfers hazardous waste. Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID). Offsite Receiver Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified HSM as hazardous waste. Subpart K Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule) Full Enforcement Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) **CA Workload** Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe). Active State Gen Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe). Converter Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) State TSDF Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). State Unaddressed SNC State Addressed SNC Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). State SNC w/ Compl. Sched Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe). **EPA Unaddressed SNC** Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). **EPA Addressed SNC** Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe). EPA SNC w/ Compl. Sched

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 27, 2015 - 1:34 PM

Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

	ER - indicates that the handler has been identified through a source other than Notification and of conducting RCRA-regulated activities without proper authority:
Code	Description .
Е	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
0	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type		Type Description
CEI	COMPL	IANCE EVALUATION INSPECTION ON-SITE

^{*} Note: Penalty amount may not reflect all violations cited.